Universal Capabilities Delivery Plan

Footprint:	Doncaster

Instructions for Completion

- Please indicate your Local Digital Roadmap Footprint above
- Complete questions A to E in the subsequent pages – the same structure is used for each of the 10 universal capabilities
- For further guidance, refer to:
    - Sections 6.24 to 6.30 of the Developing Local Digital Roadmaps Guidance
    - The Universal Capabilities Information and Resources document
- This template and the documents referenced above can be downloaded from the LDR page on the NHS England website

Universal Capabilities Delivery Plan

Universal Capability:	A. Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions
Capability Group:	Records, assessments and plans
Defined Aims:	• Information accessed for every patient presenting in an A&E, ambulance or 111 setting where this information may inform clinical decisions (including for out-of-area patients) • Information accessed in community pharmacy and acute pharmacy where it could inform clinical decisions

A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

The Summary Care Record has been uploaded by 100% practices. Access to the SCR is available in the Emergency Department and pharmacy of the hospital, the OOH service and community services. Plans are in place to also implement the MIG to provide further information to unplanned and emergency care services.

560 SCRs are viewed per week across Doncaster

B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	Increase the number of SCRs viewed across Doncaster. Deploy the Medical Interoperability Gateway to provide a more detailed record for the unplanned and emergency care services within Doncaster.
17/18	Integrate SCR information into local Mental Health and Community system to improve accessibility of SCR by clinical staff and remove requirement to log on to SCR separately.

C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	• Local workshops are being arranged by Midlands and Lancashire CSU for all South Yorkshire and Bassetlaw pharmacies, this has been arranged by HSCIC. • Review Information sharing agreements to support deployment of the MIG within unplanned and emergency care services
16/17 Q2	• Pilot the MIG within the OOH service • Practices sign-up to information sharing protocol.
16/17 Q3	• Roll-out MIG across primary care for OOH service • Plan MIG deployment within DBH to support accident and emergency services.
16/17 Q4	• Review MIG implementations and potential to expand to further services.
17/18 Q1	•
17/18 Q2	•
17/18 Q3	•
17/18 Q4	• Integrate SCR with Mental Health and Community EPR system.

D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

In conjunction with the SCR, implementing access to the Medical Interoperability Gateway (MIG) to provide more detailed information straight from the primary care clinical systems.

E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

HSCIC SCR access reports % reported to the Doncaster Interoperability Group. MIG deployment Progress/Highlight reports to the Doncaster Interoperability Group.

Universal Capability:	B. Clinicians in U&EC settings can access key GP-held information for those patients previously identified by GPs as most likely to present (in U&EC)
Capability Group:	Records, assessments and plans
Defined Aims:	• Information available for all patients identified by GPs as most likely to present, subject to patient consent, encompassing reason for medication, significant medical history, anticipatory care information and immunisations • Information accessed for every applicable patient presenting in an A&E, ambulance or 111 setting (including for out-of-area patients)

A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

The Summary Care Record has been uploaded by 100% practices. Access to the SCR is available in the Emergency Department and pharmacy of the hospital, the OOH service and community services. Plans are in place to also implement the MIG to provide further information to unplanned and emergency care services.

560 SCRs are viewed per week across Doncaster

Currently no additional information is recorded on the Summary Care Record.

B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	Provide access to detailed primary care data to OOH and emergency care settings across Doncaster via the MIG.

17/18	

C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	• Provide SCR enhanced workshops at practice managers meetings and clinical system users groups. • Include SCR enrichment in the paperlight and system optimisation practice work plan • Review Information sharing agreements to support deployment of the MIG within unplanned and emergency care services
16/17 Q2	• Pilot the MIG within the OOH service • Practices sign-up to information sharing protocol.
16/17 Q3	• Roll-out MIG across primary care for OOH service • Plan MIG deployment within DBH to support accident and emergency services.
16/17 Q4	• Review MIG implementations and potential to expand to further services.
17/18 Q1	•
17/18 Q2	•
17/18 Q3	•
17/18 Q4	•

D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

In conjunction with SCR, implementing access to the Medical Interoperability Gateway (MIG) to provide more detailed information straight from the primary care clinical systems.

E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

HSCIC SCR access reports % reported to the Doncaster Interoperability Group. MIG deployment Progress/Highlight reports to the Doncaster Interoperability Group.

Universal Capability:	C. Patients can access their GP record
Capability Group:	Records, assessments and plans
Defined Aims:	• Access to detailed coded GP records actively offered to patients who would benefit the most and where it supports their active management of a long term or complex condition • Patients who request it are given access to their detailed coded GP record

A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

Patient online is deployed at 100% of practices

42% of practices have 10% or more patients with access to patient online services.

B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	Increase no. of patients having access to their detailed coded record.
17/18	Increase no. of patients having access to their detailed coded record.

C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	• Promote patient online with practices via system optimisation programme
16/17 Q2	• Promote patient online with practices via system optimisation programme; identifying patients who might benefit from access to their detailed record. • Set-up local report to review patient online access against 2016/17 target, provide practices with monthly report.
16/17 Q3	• Provide monthly report against 2016/17 target to practices.
16/17 Q4	• Provide monthly report against 2016/17 target to practices.
17/18 Q1	•
17/18 Q2	•
17/18 Q3	•
17/18 Q4	•

D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

Provide patient online statistics per practice to the Doncaster Interoperability Group.

Universal Capability:	D. GPs can refer electronically to secondary care
Capability Group:	Transfers of care
Defined Aims:	• Every referral created and transferred electronically • Every patient presented with information to support their choice of provider • Every initial outpatient appointment booked for a date and time of the patient's choosing (subject to availability) • [By Sep 17 – 80% of elective referrals made electronically]

A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

An estimated 50% of referrals are sent via NHS e-referrals currently across Doncaster.

B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	70% elective referrals are sent via the NHS e-referral service. Mental Health referral process mapping and redesign in conjunction with primary care
17/18	100% elective referrals are sent via e-referral service.

C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	• Meetings arranged to discuss Doncaster position with HSCIC and primary care teams. • Training and support provided to practices via IT Project and data quality team where identified.
16/17 Q2	• Meetings arranged with DBH, CCG and HSCIC to discuss any issues re DOS and appointment slots. • Promote e-referrals with practices via system optimisation programme. • Training and support provided to practices via IT Project and data quality team where identified.
16/17 Q3	• Promote e-referrals with practices via system optimisation programme. • Training and support provided to practices via IT Project and data quality team where identified.
16/17 Q4	• Mental Health and community services referral process mapping and redesign in conjunction with primary care
17/18 Q1	•
17/18 Q2	•
17/18 Q3	• Implement new referral pathways in line with mental health and community EPR go live and September 17 target of 80% of elective referrals made electronically
17/18 Q4	•

D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

% of GP referrals via NHS e-referral service reported to Doncaster Interoperability Group.

Universal Capability:	E. GPs receive timely electronic discharge summaries from secondary care
Capability Group:	Transfers of care
Defined Aims:	• All discharge summaries sent electronically from all acute providers to the GP within 24 hours • All discharge summaries shared in the form of structured electronic documents • All discharge documentation aligned with Academy of Medical Royal Colleges headings

A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

E-Discharge summaries sent electronically from patients registered on the mental health and community units using SystmOne to all Doncaster practices.

The mental health trust has funded Silverlink to develop the current system to enable a 'system to system' transfer which has been delayed in its delivery due to an accreditation process with the HSCIC. The Information Team are currently working with Silverlink to ensure the necessary technical set up that is required across GP practices and will then be able to test the new functionality in house.

DBHFT will be building on existing process. ICT have requested clinical buy-in to ensure the process is carried out to meet the National Standards. Such e-discharges will be sent directly to GP clinical systems and meet the AoMRC headings. Anticipated date of completion Aug 16.

B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	All practices receive electronic discharge notifications with AoRMC headings by December 2016
17/18	

C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	• Agreeing roll-out plan for e-discharge notifications with acute and mental health trusts • Messaging services moved to MESH from DTS. • Configuration of mental health system to enable transfer of discharge summaries
16/17 Q2	• Business change and training for mental health services • Technical changes to acute systems to set-up electronic discharge notifications • Pilot e-discharge messaging with identified primary care pilots.
16/17 Q3	• Finalise business change processes with staff. • Provide training and training material for staff. • Roll-out e-discharge notifications to all Doncaster practices.
16/17 Q4	•
17/18 Q1	•
17/18 Q2	•
17/18 Q3	• Mental health and community services transfer and update e-discharge functionality and processes with replacement EPR solution.
17/18 Q4	•

D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

E. Evidencing Progress

Universal Capabilities Delivery Plan

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

Progress/Highlight Reports provided to Doncaster Interoperability Group.

Universal Capability:	F. Social care receive timely electronic Assessment, Discharge and Withdrawal Notices from acute care
Capability Group:	Transfers of care
Defined Aims:	• All Care Act 2014 compliant Assessment, Discharge and associated Withdrawal Notices sent electronically from the acute provider to local authority social care within the timescales specified in the Act

A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

No electronic discharges are sent to Social Care currently.

B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	DMBC and DCST to work in partnership to scope out requirement of new case management system to be implemented in 2018, with interoperability a key consideration in options appraisal and any subsequent tender.
17/18	Childrens and Adults Social care services have access to timely Assessment, Discharge and Withdrawal information in order to deliver continued support and care. Means of delivery will be appropriate and proportionate to state of relevant client systems.

C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	
16/17 Q2	• Initial exploration of potential discharge pathways from acute care to social care. Review of current case management systems and interoperability, including current common fields. This to include Adults and Social Care.
16/17 Q3	• Options appraisal for scope to transfer
16/17 Q4	•
17/18 Q1	•
17/18 Q2	• Adults and children's case management systems re-commissioned
17/18 Q3	•
17/18 Q4	•

D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

Scoping work to be reported back through DMBC IG Board. Options appraisal for client case management systems currently managed by DMBC and DCST. Progress/Highlight report sent to Doncaster Interoperability Group.

Universal Capability:	G. Clinicians in unscheduled care settings can access child protection information with social care professionals notified accordingly
Capability Group:	Decision support
Defined Aims:	• Child protection information checked for every child or pregnant mother presenting in an unscheduled care setting with a potential indicator of the child being at risk (including for out-of-area children) • Indication of child protection plan, looked after child or unborn child protection plan (where they exist) flagged to clinician, along with social care contact details • The social worker of a child on a child protection plan, looked after or on an unborn child protection plan receives a notification when that child presents at an unscheduled care setting and the clinician accesses the child protection alert in their record

A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

Data as at 23rd May 2016

	Total	With NHS No.	% With NHS No.
Number of Cases	2696	1168	43%
Number of Children in Need	1786	714	40%
Number of Looked After Children	499	316	63%
Number of Children on a Child Protection Plan	421	143	34%

43% of children's social care records have an NHS , number although the proportion differs dependent upon the level of care. 63% of Looked after children have an NHS number.

As part of the CP-IS project, matching activity is taking place to improve the rate of children in care or subject to a child protection plan with an NHS number in order to facilitate information exchange. This is currently with HSCIC.

There is no statutory requirement to hold this information for children in need, and the requirement to hold and NHS number will depend upon the level of support that is being delivered.

B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	Delivery of CP-IS project this year
17/18	

C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	• Matching of social care record with HSCIC data to improve NHS number rate
16/17 Q2	• CP-IS tested and working in accordance with protocol
16/17 Q3	• CP-IS Live
16/17 Q4	•
17/18 Q1	•
17/18 Q2	•
17/18 Q3	•
17/18 Q4	•

D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

Increased NHS number rate on children and adults social care record. CP-IS sign off Highlight/Progress report sent to Doncaster Interoperability Group

Universal Capability:	H. Professionals across care settings made aware of end-of-life preference information
Capability Group:	Decision support
Defined Aims:	• All patients at end-of-life able to express (and change) their preferences to their GP and know that this will be available to those involved in their care • All professionals from local providers involved in end-of-life care of patients (who are under the direct care of a GP) access recorded preference information where end-of-life status is flagged, known or suspected

A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

No additional information currently added to enhanced SCR.
Local GP clinical templates created to support capture of end of life care preferences at 28% practices.
EPACCS template to record uniformed data across SystmOne GP and community services. Acute Trust has access to RDaSH end of life SystmOne patient via external access. (Palliative staff).

B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	35% Doncaster practices using locally developed clinical system templates to record patient preferences. Improved use of local EPACCS across Doncaster Review SCR enriched records to support end of life care.
17/18	100% All practices recording patient preferences.

C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	• Rollout local template to one practice.
16/17 Q2	• Review SCR enriched records to support end of life care • Rollout local template to three further practices. • Provide guidance and training to practices on use of local template and updating SCR enriched record.
16/17 Q3	• Provide guidance and training to practices on use of local template and updating SCR enriched record.
16/17 Q4	• Provide guidance and training to practices on use of local template and updating SCR enriched record.
17/18 Q1	• Provide guidance and training to practices on use of local template and updating SCR enriched record. • Increase EPaCCs deployment to 51%
17/18 Q2	• Provide guidance and training to practices on use of local template and updating SCR enriched record. • Increase EPaCCS deployment to 67%
17/18 Q3	• Provide guidance and training to practices on use of local template and updating SCR enriched record. • Increase EPaCCS deployment to 83%
17/18 Q4	• All clinicians able to view end of life care information via SCR enriched record. • Complete EPaCCS deployment to 100% of practices

D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

Local templates are being used to capture end of life information across primary and community care settings.

E. Evidencing Progress

Universal Capabilities Delivery Plan

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

Progress / Highlight reports are sent to the EPACCS Task and Finish Group and Doncaster Interoperability Group.

Universal Capability:	I. GPs and community pharmacists can utilise electronic prescriptions
Capability Group:	Medicines management and optimisation
Defined Aims:	• All permitted prescriptions electronic • All prescriptions electronic for patients with and without nominations - for the latter, the majority of tokens electronic • Repeat dispensing done electronically for all appropriate patients • [By end 16/17 – 80% of repeat prescriptions to be transmitted electronically]

A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

33 (77%) practices live with EPS
100% pharmacies live with EPS

B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	All permitted prescriptions are sent electronically by practices. Rollout EPS R2 to five practices. By end 16/17 – 80% of repeat prescriptions to be transmitted electronically.
17/18	All permitted prescriptions are sent electronically by practices. Rollout EPS to the remaining five practices.

C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	• Rollout EPS to 1 practice. • Work with medicines management team and practices to increase utilisation.
16/17 Q2	• Rollout EPS to 2 practices. • Working with medicines management team and practices to increase utilisation.
16/17 Q3	• Rollout EPS to 1 practice. • Working with medicines management team and practices to increase utilisation.
16/17 Q4	• Rollout EPS to 1 practice. • Working with medicines management team and practices to increase utilisation.
17/18 Q1	• Rollout EPS to 2 practices. • Work with medicines management team and practices to increase utilisation.
17/18 Q2	• Rollout EPS to 1 practice. • Working with medicines management team and practices to increase utilisation.
17/18 Q3	• Rollout EPS to 2 practices. • Working with medicines management team and practices to increase utilisation.
17/18 Q4	•

D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

Progress/Highlight reports to Doncaster Interoperability Group and SY&B NHS England primary care team.

Universal Capability:	J. Patients can book appointments and order repeat prescriptions from their GP practice
Capability Group:	Remote care
Defined Aims:	• [By end 16/17 – 10% of patients registered for one or more online services (repeat prescriptions, appointment booking or access to record)] • All patients registered for these online services use them above alternative channels

A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

100% of practices are enabled to provide ordering of repeat prescriptions appointment booking and access to patients record. 42% of practices have 10% or more patients with access to patient online services.

B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	Provide all patients with the opportunity to access to book appointments, order repeat prescriptions and view their detailed care record
17/18	Optimise online appointments to increase number available.

C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	• Promote patient online with practices via system optimisation programme
16/17 Q2	• Promote patient online with practices via system optimisation programme
16/17 Q3	• Promote patient online with practices via system optimisation programme
16/17 Q4	• Promote patient online with practices via system optimisation programme
17/18 Q1	• Promote patient online with practices via system optimisation programme
17/18 Q2	• Promote patient online with practices via system optimisation programme
17/18 Q3	• Promote patient online with practices via system optimisation programme
17/18 Q4	• Promote patient online with practices via system optimisation programme

D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

% patients using online functionality reported to Doncaster Interoperability Group and Primary Care Development Group.